## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DASION OF OURPORATIONS (

N95000003610 (1) **DOCUMENT** # 1. Corporation Name

HEALTH FIRST, INC.

Principal Place of Business

Mailing Address

**FILED** Mar 22 1996 8:00 am Secretary of State

- 1	

1350 SOUTH HICKORY STREET MELBOURNE FL 32901				1950 SOUTH HICKORY STREET MELBOURNE FL 32901										
										3. Date Incorporated or Quality 07/31/1995	fied	3a. Date of Last	Report	
2. Principal P	lace of Busin	ess		2a.	Mailing Address					4. FEI Number				
21 8247 Devereux Drive				26	<u> </u>			59-333689	14	·	Applied For Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certificate of Status Desire		\$8.7F	Additional		
22 Suite 103				27	<del></del>			5. Certificate of Status Desire	э <u>г</u>		Required			
City & State  23 Viera, FL					City & State			6. Election Campaign Financia	ng r		May Be			
Zip	, FL		Country	28	Zip Country				Trust Fund Contribution Added to Fees					
24 32940	)	25	Brevard	29	32940	30	ı ´		·A	This corporation has liability     Florida Statutes			199.032,	
			Address of Curre				JO BICVALU			Florida Statutes Yes X No  10. Name and Address of New Registered Agent				
							81	Nai	ne		110 <b>3</b> 11	- Agom	······································	
ROSE, WALTER T JR							82	Str	oot Addison	(P.O. Roy Number is Not Asse	notobio)	··		
	RTH ATLAN		AVENUE				102	3(1)	ou Address	ddress (P.O. Box Number is Not Acceptable)				
COCOA	BEACH FL	329	31				83					-		
							84	City	<del>,</del>			DE   710	Code	
11. Pursuant or register	to the provisi red agent, or	ons c both	of Sections 617.050 in the State of Flor	2 and 613 rida. Such	7.1508, Florida Sta Lichange was auth	atutes, the	e above-i	name	corporat	ion submits this statement for the of directors. I hereby accept the	a purpose	e of changing its re	gistered office	
familiar wi	ith, and acce	pt the	obligations of, Sec	tion 617.	0503, Florida Statu	ites.	110 001p	0,000	ii s boaid	or directors. Thereby accept the	арронин	nent as registered	agent. i am	
SIGNATURE.			Taluaria de managaria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela c				~ ·							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re  12. OFFICERS AND DIRECTORS								stored Agent signature required when reinstating) DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRI					DO 111 40	
THTLE	n		OFFICERORY	ID DITE	MOLETE		1.1 TITLE		S/D		OFFICER	Change	Addition	
NAME	PALERM	0.1	AMES V				1.2 NAME			legrino, Nicholas	. E	[ ] Orlange	K) Addition	
STREET ADDRESS 701 W COCOA BEACH CAUSEWAY							13 STREET ADDRESS 8247			7 Devereux Drive	- Su	ite 103		
CITY - ST - ZIP								T-ZIP		ra, FL 32940	50	100		
TITLE	D				DELETE		21 TITLE		VP/			Change	Addition	
NAME	GARRIS	ON. I	LARRY F				2.2 NAME		1			•	_	
STREET ADDRESS 701 W COCOA BEACH CAUSEWAY							2.3 STREET ADDRESS 824			7 Devereux Drive	– Su	ite 103		
CITY - ST - ZIP							2. 4 CITY-ST-ZIP <b>V1</b>			ra, FL 32940				
TITLE	D				DELETE		3.1 TITLE		P/D			Change	☐ Addition	
NAME	MEANS,					Į	3 2 NAME							
STREET ADDRESS			HICKORY STRE	ET			3 3 STREET	ADDRE		7 Devereux Drive	– Su	ite 103		
CITY-ST-ZIP		IRNE	FL 32901				34 CITY-S	T-ZIP	Vie	ra, FL 32940				
THILE	D	:			DELETE		4.1 TITLE					Change	☐ Addition	
NAME CLOSES ADDRESS	FOLEY,						4 2 NAME		601	7 D 5 *	_			
STREET ADDRESS			HICKORY STRE	:LT			4 3 STREET			7 Devereux Drive	– Su	1te 103		
CITY-ST-ZIP TITLE		HINE	FL 32901		DELETE		4 4 CITY - S	- ZIP	Vie	ra, FL 32940			<b>—</b>	
NAME I	D	· Chian	ODTH A T				5 1 TITLE 5 2 NAME		İ			🔀 Change	Addition	
STREET ADDRESS			orth, a t Hickory Stre	CT		- 1	5 2 NAME 5 3 STREET	ADDOC:	. 824	7 Devereux Drive	_ 0	ite 103		
CITY-ST-ZIP			FL 32901	.CI			5.4 CITY-S		~	ra, FL 32940	υū	100		
TITLE	D	INIC	IL SCOUL		<b>★</b> DELETE		6.1 TITLE	·ZIP	C/D	10, 11 JEJ70		Change	<b>★</b> Addition	
NAME	MCFARL	IN F	PED I		<del></del>		6.2 NAME			uire, Nichael F.		ET charge	A DOUGIUM	
STREET ADDRESS			HICKORY STRE	FT			6.3 STREET	ADDRE	0.77	7 Devereux Drive	– Su	ite 103		
CITY-ST-ZIP			FL 32901	. <b>-</b> I			6.4 CITY-S			ra, FL 32940	- <del>-</del>	<del></del>		
44 ( ) ( )							0.10111.0	£-r1		<u> </u>				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if sampled, or on an appear is with an address.

SIGNATURE: SIGNATURE AND TYPES OF WHINTED NAME OF FIGURES OF DIRECTOR

A. Thomas Hollingsworth, Director